ADRA - Safeguarding Incident Report Form

Please send the completed form to ADRA Timor-Leste: info@adra.tl

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| ADRA – Staff Safeguarding Incident Report Form |
| **Your Details** |
| **Name:** |  |
| **Date:**  |  |
| **Job Role:**  |  |
| **Email address:**  |  |
| **Telephone number:**  |  |
| **Details of Incident / disclosure** |
| **Date incident/ concern raised** |  |
| **Who raised the concern?** **Name:** **Contact Details:**  |  |
| **Who is the vulnerable person / child?****Name:****Age (if under 18):** **Contact details:** **Parents’ contact details (if under 18):**  |  |
| **Alleged perpetrator:**  |  |
| **WHEN and WHERE did the incident occur?****(Please list approx. TIME and LOCATION)** |  |
| **Describe what happened? (In as much detail as possible)** |  |
| **Were there witnesses?****Name(s):** **Age(s) (if under 18):** **Contact details:**  |  |
| **After the incident/ disclosure** |
| **Who have you discussed this incident with?****Name:** **Contact details:**  |  |
| **Have you reported this incident to anyone else? (e.g. local authority, police etc.)** **Name:****Contact details:**  |  |
| **Where there any immediate actions you have had to take because of the incident?**  |  |
| **Was anyone else present at the referral?****Name:****Contact details:**  |  |
| **Please save this report securely and send it to ADRA Timor-Leste: info@adra.tl** |